2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90019 007 ***150.00

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1. Entity Name

EILEEN C. GOLWAY, D.M.D., P.A.

Principal Place of Business	Mailing Address
6801 NW 9 BLVD SUITE 3 GAINESVILLE FL 32605	6801 NW 9 BLVD SUITE 3 GAINESVILLE FL 32605

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3453921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current** Registered Agent

GOLWAY, EILEEN C DMD
6801 NW 9 BLVD
SUITE 3
GAINESVILLE FL 32605

CORRECT ZIP CODE IS 32605

7. **Name and Address of New Registered Agent**

(P.O. Box Number Is Not Acceptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 1/23/08

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLWAY, EILEEN C DMD		NAME	
STREET ADDRESS	6801 NW 9TH BLVD STE 3		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen C Golway, md 1/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #